

~ NALTO[®] Active Membership Application ~

I hereby make application for Membership in the National Association of Locum Tenens Organizations[®] and agree to be governed by its Bylaws and Standards of Ethical Practices and to promote the objectives of the Association, as long as I am a member.

Name of Organization: _____

Legal Entity Name (if different from above) _____

Address: _____

City: _____ State: _____ Zip: _____ Website/URL: _____

Telephone #: (____) _____ Fax: (____) _____ Toll-Free# : (____) _____

Primary Email: _____ Secondary E-mail: _____

Name of Principle/President: _____ Title: _____

Authorized Voting Member: _____ Title: _____

State of Incorporation: _____ Tax ID# _____ Public or Private: _____

Ownership Type (ex – LLC, Partnership, etc): _____

Ownership Name (individual(s) or corporation): _____

Ownership Address: _____ City, St, Zip _____

Total number of years your organization has been in business? ____ (List month/year)..... ____/____

Total number of years your organization has been operating as a Locum Tenens Firm? ____ (List month/year)..... ____/____

What is the name of the malpractice insurance carrier* that covers your organization? _____

***Please attach a copy of the Certificate of Insurance with this application.**

Does your company do other things besides Locum Tenens? ... _____

What percentage of your company's gross income is from locum tenens? _____

Are you currently a member of NAPR? _____

CRITERIA FOR MEMBERSHIP - PLEASE INITIAL ALL SPACES THAT APPLY TO YOUR BUSINESS

I. Locum Tenens Companies:

- ___ A Are the direct liaison between the Physician Candidate and Client Practice
 - 1. For Scheduling of Assignments
 - 2. Verify Physician Candidate Credentials reflecting NALTO[®] Credentialing Standards
- ___ B Pay the Independent Contractor Physician directly
- ___ C Procure Malpractice Insurance on behalf of the Physician and Locum Tenens Company
- ___ D Have an Independent Contractor Agreement directly with Physician
- ___ E Have a Locum Tenens Staffing Agreement directly with Client Practice
- ___ F Contract with Physician Candidate on an Independent Contractor Status Basis only and report payments to Physician on IRS Form 1099

PLEASE INITIAL ALL SPACES THAT FOLLOW BELOW

II. NALTO[®] Applicant has read, understands, and agrees to:

- ___ A Have a Company Representative attend a NALTO[®] Annual Convention or Fall Fly-In Meeting once every two years. NALTO[®] Active Memberships for newly approved members will **not** begin until the first day of meeting session attendance by any company representative. Annual Membership dues will be pro-rated by 25% or 75% depending on which meeting is attended.
- ___ B NALTO[®] Code of Ethics
- ___ C NALTO[®] Standards of Practice
- ___ D NALTO[®] Bylaws
- ___ E NALTO[®] Arbitration Procedures
- ___ F NALTO[®] Minimum Standards for Credentials Verification

STATEMENT OF UNDERSTANDING/AGREEMENT TO COMPLY WITH NALTO® CODE OF ETHICS

I have read and hereby subscribe to the Code of Ethics, Standards of Practice, Arbitration Procedures and Credentialing Standards of the National Association of Locum Tenens Organizations (NALTO®). I agree that a Company Representative will attend either the NALTO® Annual Convention (held in the spring each year) or the NALTO® Fall Fly-In at which time our Company membership if approved will begin on the first day of attendance of NALTO® sessions. I accept compliance with the Code of Standards as a requirement for holding membership in NALTO® and acknowledge by my signature that the violation of any sections thereof subjects my organization to disciplinary actions as outlined in the above.

I understand that the name of our organization will be circulated to the current NALTO® members for comment. I authorize the NALTO® Board of Directors to contact any sources of information pertaining to the membership eligibility of my organization. I understand that my signature below signifies that I am authorized to apply for NALTO® membership on behalf of my organization and the information contained in this application is true and accurate.

My signature below also constitutes my consent to receive faxes, emails and other communications from NALTO® or on behalf of NALTO®.

Signed: _____ Date: _____
 Print or Type Full Name: _____ Title: _____
 Referring NALTO® Member - Representative (if applicable): _____

III. NALTO® Membership Dues Schedule: (Dues Amount Change Effective January 1, 2015)
Annual Membership dues will be prorated for the first year of membership depending on the meeting attended as follows:

1. Annual Membership Dues are assessed by the gross annual revenue of the firm – **Check (✓) appropriate prorated membership dues based on total gross annual revenue AND meeting to be attended below:**

Total Gross Annual Revenue:	Less Than \$10 Million	Between \$10 and \$50 Million	Greater Than \$50 Million
Annual Membership Dues:	\$1100.00	\$1650.00	\$2200.00
25 % Prorated Annual Convention Attendance Dues	\$825.00	\$1237.50	\$1650.00
75 % Prorated Fall Fly-In Meeting Attendance Dues	\$275.00	\$412.50	\$550.00

ALL APPLICATIONS MUST BE SUBMITTED WITH THE \$25.00 ONE-TIME, NON-REFUNDABLE, NON-CREDITABLE APPLICATION PROCESSING FEE PAYABLE TO NALTO®. PLEASE DO NOT SEND MEMBERSHIP DUES WITH APPLICATION.

APPLICATION FEE INFORMATION:

PAYMENT METHOD: Check # _____ enclosed; Check Amount \$ _____ payable to NALTO® for \$25.00 Application Processing Fee

\$25 Application Fee to charge to --- Select credit card type: MasterCard Visa American Express

Account #: _____ Exp. Date: _____ Print Cardholder's Name: _____

Cardholder's Signature: _____

Send payments to: NALTO® Headquarters, 222 S. Westmonte Dr, Ste 101, Altamonte Springs, FL 32714; Fax credit card payments only to 407-774-6440

PRO-RATED MEMBERSHIP DUES INFORMATION:

After membership application is approved AND meeting attendance requirement is fulfilled - please select from the following:

Member/Rep to attend **NAPR/NALTO® Annual Meeting** – or - **NALTO® Fall Fly-In** - \$ _____ Pro-rated Membership Dues

Charge my credit card with appropriate membership dues information as indicated in the above chart:

Select credit card type: MasterCard Visa American Express

Account #: _____ Exp. Date: ____/____/____ Total Amount to Charge: \$ _____

Print Cardholder's Name: _____ Cardholder's Signature: _____

Call Phone # _____ for different credit card Information;

Check will be sent, call or email total amount due – Phone # _____ or Email Address _____

PAYMENT INFORMATION: Check # _____ received; Check Amount \$ _____ payable to NALTO®

FOR OFFICE USE ONLY: DATE _____ CHECK/REF # _____ Amount: Paid \$ _____